

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32602

State File No.

FILED SEP 30 1952

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>222</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1850</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>SE of Higbee, Missouri</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albettha</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Roerig</u>	
4. DATE OF DEATH		a. (Month) <u>9</u>		b. (Day) <u>19</u>		c. (Year) <u>1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1/12/1893</u>	9. AGE (In years last birthday) <u>59</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	11. IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Epworth Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>D.D. Mahony</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kalb</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Roerig</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Roerig Higbee Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous of abdominal cavity source unknown</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 5</u> , 1952, to <u>Sept 19</u> , 1952, that I last saw the deceased alive on <u>Sept 19</u> , 1952, and that death occurred at <u>6:55 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence C. Cohen M.D.</u>		(Degree or title)		23b. ADDRESS <u>300 W. 1st, Moberly, Mo.</u>		23c. DATE SIGNED <u>Sept 20 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glendale</u>		24d. LOCATION (City, town, or county) (State) <u>Des Moines Iowa</u>	
DATE REC'D BY LOCAL REG. <u>9/22/52</u>		REGISTRAR'S SIGNATURE <u>Seal Wallace Love</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Walter E. Millie</u>		ADDRESS <u>Moberly, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Marion E. Ellison

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.